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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none P.E

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none P.E

IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 38/16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: P.E				

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## TITLE

Apparatus and methods for providing an estimated time of arrival based marketplace

<b>FILING FEE RECEIVED</b> 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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